



**BELMONT MUNICIPAL LIGHT
DEPARTMENT**

40 Prince Street, Belmont, MA 02478
Ph: 617-993-2800 Fax: 617-993-2846

www.town.belmont.ma.us/electric

RESIDENTIAL LOW INCOME RATE CHANGE APPLICATION

If you are currently receiving one of the benefits listed below, you may also be eligible for **BMLD's Residential Low Income (LI) Rate**. Please call (617-993-2800) if you have any questions.

Your household income must also meet eligibility requirements, and your BMLD bill must be in your name. If you think you may qualify, please fill in this form, then print it, sign it, and mail it to:

BMLD Rate Change Application
40 Prince Street
Belmont, MA 02478

➡ Electric Account #:	<input type="text"/>	--	<input type="text"/>
➡ Name (as shown on bill):	<input type="text"/>		
➡ Street Address:	<input type="text"/>		
Email	<input type="text"/>		
➡ Daytime Phone #:	<input type="text"/>	-	<input type="text"/>
Social Security #:	<input type="text"/>	-	<input type="text"/>

➡ *Required Fields*

- ☐ Supplemental Social Security Income (copy of most current benefit notification letter)
- ☐ Transitional Aid to Families with Dependent Children (TAFDC)

turn over to complete application ➡

BMLD Low Income Rate Change Application Eligible Program Listing

- ☐ Emergency Aid to Elderly, Disabled and Children (EAEDC)
- ☐ Food Stamps* (copy of card)
- ☐ Public and Section 8 housing (copy of Section 8 acceptance letter stating a subsidy with a Belmont address)
- ☐ Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (copy of card)
- ☐ MassHealth Basic and Standard (formerly Medicaid) (copy of card)
- ☐ Low Income Home Energy Assistance (LIHEAP)* (copy of the current season benefits letter)
- ☐ Head Start*
- ☐ Free and Reduced School Lunch or Breakfast Program* (letter from Belmont Public Schools required)
- ☐ Mass. Veterans Benefits (GLC. 115)* (copy of most current benefit letter)
- ☐ Dependency and Indemnity Compensation (DIC) for Surviving Spouse or Parents of Veterans* (Dependency Indemnity Compensation letter required) (copy of most current benefit letter)
- ☐ Improved Veterans Disability Pension* (Non-Service Connected Disability letter required) (copy of most current benefit letter)

I certify each of the following to be true. I receive assistance benefits under program(s) checked above. I receive a BMLD bill in my name. I authorize the agency responsible for benefit(s) being received to release information on this application to BMLD. I authorize the administrator of the program checked above to notify the company in the event that my benefits are terminated. I also understand that I am required to notify BMLD if my benefits end.

Signature: _____ Date: _____

*This program is offered by BMLD. Once your eligibility is verified, a "Residential LI" rate code will appear on your bill. You will be eligible to receive this discount for one year, and must renew your eligibility annually. **Upon completion, please print, sign and mail this form and a copy of the necessary program proof to BMLD.***